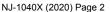
NJ-1040X **2020**



New Jersey Amended Resident Income Tax Return

\perp	7x	For Tax Year January 1, 2020 – December 31, 2020, Or Other Tax Year Beginning, 2020, Ending, 2021												
	You	ur Social Sec	curity Number	Last Name, First Name, and	I Initial (Joint	filers enter firs	t name and in	itial of ea	ach -Enter :	spouse/CU p	partner las	st name only if differen	t)	
STATUS			1 1											
	Spo	ouse's/CU P	artner's Social Security Number	Home Address (Number and	ome Address (Number and Street, incl. apt. # or rural route)							Change of address		
	Co	unty/Municip	ality Code	City, Town, Post Office	ty, Town, Post Office State							ZIP Code		
		i												
	┝								20			20		
N N		J RESIDE TATUS	ENCY Part-year residents New Jersey reside	• •	Tom 10					MONTH				
TAXPAYER IDENTIFICATION AND STATUS	1			1		EVEN						As Originally		
	L		FILING STATUS			EXEIV	IPTION:	<u>ა</u>				Reported	Amended	
		On Original	On Amended	6. Regular 🗷	Yourself		ouse/ J Partner		omestic artner	;	6.			
		Return Return		7. Age 65 or 0	over	☐ Yourse				ner	7.			
	1.	□ □ Single		8. Blind or Dis		☐ Yourse	•				8.			
	2.	. 🗆	☐ Married/CU Couple,	9. Veteran Ex							9.			
	3.	_	filing joint return								10.			
		. 🗆	☐ Married/CU Partner, filing separate return	11. Number of	11. Number of other dependents									
	١,	_			12. Dependents attending colleges (See instr. NJ-1040)									
	4.	. 🗆	☐ Head of Household	13a. Add lines	6, 7, 8, a	nd 12.					13a.			
	5.	. 🗆	☐ Qualifying Widow(er Surviving CU Partne	' I 13h Add linge	13b Add lines 10 and 11						13b.			
			ourviving oo r artic	13c. Enter amo	ount from	line 9.					13c.			
											Check box if			
		14.	Dependent's Last Name, First	Name, Middle Initial	ame, Middle Initial Dependent's Social Security Number Birth Ye							dependent does not have health insurance		
╘	NO I													
닐	Ĕ		a	/								Ц		
į	Ž		b		/									
DEPENDENT INFORMATION														
					/									
			d											
					T T., I									
1 -		ERNAT	JINAL J								"Yes" box(es), it will not increase			
ELECTIONS FUND If joint return, does your spouse/CU Partner want to designate \$1? Yes your tax or reduce your retund.									Teluliu.					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared													
	by a person other than taxpayer, this declaration is based on all information of which the preparer has any									y				
	knowledge.										Pay amount on I	ine 68 in		
											— I	full. Write Social Security number(s) on check or money		
ᄴ	Your Signature Date Spouse's/CU Partner's Signature (if filing)							g jointly,Bi	OTH must s	sign)	order and make	payable to:		
岸	If enclosing copy of death certificate for deceased taxpayer, check box (See instructions NJ-1040) ☐									State of New Jersey – TGI				
z	Drivers License #				 							Division of Taxation Revenue Processing Center		
SIGN HFR	(Voluntary. See instructions NJ-1040.)								'	PO Box 664				
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)									Trenton, NJ, 08646-0664				
	Paid Preparer's Signature				Federal Identification Number						You can also pay by e-check or credit card.			
	F	irm's name			Firm's Federal Employer Identification Number									
Di	visi	ion ₁	2 3	4	į.	5	6		7				8	





Name(s) and Social Security Number

BOTH COLUMNS MUST BE FULLY COMPLETED As Originally Reported Amended (See Instructions) 15. Wages, salaries, tips, and other employee compensation 16a. Taxable interest income..... 16a. 16b. Tax-exempt interest income. Do not include on line 16a..... 16b. 17. Dividends..... 17 18. Net profits from business..... 18. 19. Net gains or income from disposition of property 19. 20a. Pensions, Annuities, and IRA Withdrawals 20a. 20b. Excludable Pensions, Annuities, and IRA Withdrawals 20b. 21. Distributive Share of Partnership Income..... 21. 22. Net pro rata share of S Corporation Income..... 22. 23. Net gains or income from rents, royalties, patents, and copyrights 23. 24. Net Gambling Winnings..... 24. 25. Alimony and Separate Maintenance Payments received 25. 26. Other..... 26. 27. Total Income (Add lines 15, 16a, 17, 18, 19, 20a, and 21 through 26) 27 28a. Retirement/Pension Exclusion..... 28a. 28b. Other Retirement Income Exclusion..... 28b. 28c. Total Exclusion Amount (Add lines 28a and 28b) 28c. 29. New Jersey Gross Income (Subtract line 28c from line 27)...... 29. 30. Total Exemption Amount (See instructions)..... 30. 31. Medical Expenses (See instructions NJ-1040) 31. 32. Alimony and Separate Maintenance Payments..... 32. Qualified Conservation Contribution..... 33. 33. 34. Health Enterprise Zone Deduction 34. Alternative Business Calculation Adjustment (See instructions 35. NJ-1040)..... 35 Organ/Bone Marrow Donation Deduction (See instr. NJ-1040).... 36. 36. 37. Total Exemptions and Deductions (Add lines 30 through 36)...... 37. 38. Taxable Income (Subtract line 37 from line 29) 38. 39a. Total Property Taxes (18% of Rent) Paid (See instr. NJ-1040)... 39a. 39b. Block 39c. County/Municipality Code Check box if you completed Worksheet G. (See instr. NJ-1040) 39d. Indicate your residency status during 2020 (fill in only one oval) > Homeowner **>** Tenant **>** Both 40. Property Tax Deduction (See instructions NJ-1040)..... 41. New Jersey Taxable Income (Subtract line 40 from line 38)...... 41. 42. Tax on Amount on line 41 (See instructions) 42. 43. Credit For Income Taxes Paid to Other Jurisdictions Enter other jurisdiction code (See instr. NJ-1040)...... 43. 44. Balance of Tax (Subtract line 43 from line 42)..... 44. 45. Child and Dependent Care Credit (See instructions NJ-1040)...... 45. Sheltered Workshop Tax Credit (See instructions NJ-1040)....... 46. Gold Star Family Counseling Credit (See instructions NJ-1040) ..



Name(s) and Social Security Number

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	BOTH COLUMNS MUST BE FULLY COMPLETED									
	As			nded (See Instructions)						
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions NJ-1040)	48.									
49. Total Credits (Add lines 45 through 48)	49.									
50. Balance of tax after credits (subtract line 49 from line 44) If zero or less, make no entry	50.									
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions NJ-1040)	51.									
52. Interest on Underpayment of Estimated Tax (See instructions NJ-1040) Check box if Form NJ-2210 is enclosed	52.									
53. Shared Responsibility Payment Check box if Schedule HCC is enclosed	53.									
54. Total Tax Due (Add lines 50 through 53)	54.									
55. Total New Jersey Income Tax Withheld (See instructions for required enclosures)	55.									
56. Property Tax Credit (See instructions NJ-1040)	56.									
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.									
58. New Jersey Earned Income Tax Credit (See instructions NJ-1040)	58.									
59. Excess New Jersey UI/WF/SWF Withheld (See instructions NJ-1040)	59.									
60. Excess New Jersey Disability Insurance Withheld (See instructions NJ-1040)	60.									
61. Excess New Jersey Family Leave Insurance Withheld (See instructions NJ-1040)	61.									
62. Wounded Warrior Caregivers Credit (See instructions NJ-1040)	62.									
63. Pass-Through Business Alternative Income Tax Credit (See instructions NJ-1040)	63.									
64. Amount Paid with original return, assessments, and/or with request for extension to file	64.									
65. Total payments/credits (Add lines 55 through 64)	65.									
66. Refund previously issued from Original Return	66.									
67. Net Payments (Subtract line 66 from line 65)	67.									
68. If payments (line 67) are LESS THAN tax (line 54), enter AMOUNT	OF TA	AX YOU OWE		88.						
69. If payments (line 67) are MORE THAN tax (line 54), enter OVERPA	YME	NT		89.						
70. Amount of line 69 to be (A) REFUNDED			<u> </u>	70a.						
(B) CREDITED to your 2021 tax		70b.								
Enter name, Social Security number, and address as shown on original return (if same as indicated on Page 1, write "Same"). If changing from separate to joint return, enter names, Social Security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for federal tax purposes.)										
Explanation of Changes to Income, Deductions, and Credits. Enter the line reference for which you are reporting a change and give the reason for each change. You must enclose copies of your W-2s, 1099s, and supporting schedules.										
If amending line 43, complete calculations below and include a copy of the tax return filed with the other state (if one was filed or required to be filed): (Income from Other Jurisdictions) X = =										
(Income from New Jersey sources) (New Jersey Tax line 42)										